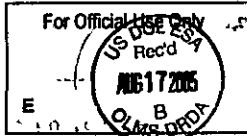


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- <u>9356</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Matthew</u> <u>J</u> <u>Weir</u> P O Box, Bldg, Room No, if any <u>Suite 120</u> Street <u>297 N Marengo Ave</u> City <u>Pasadena</u> State <u>California</u> ZIP Code + 4 <u>91101</u>	4 Name, file number, and address of labor organization Name <u>Painters AFL-CIO DC36</u> Labor Organization File Number <u>030-396</u> P O Box, Building and Room Number, if any <u>Suite 120</u> Street <u>297 N Marengo Ave</u> City <u>Pasadena</u> State <u>California</u> - ZIP Code + 4 <u>91101</u>
5 Position in labor organization <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)		
Signed <u>Matthew J. Weir</u>	On <u>08/11/2005</u> Date	<u>626-584-9925</u> Telephone Number

Name of Person Filing Matthew Weir	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>So Ca FloorCovering JATC</u></p> <p>Trade Name, if any <u>Joint Apprenticeship&Traning Cmtte</u></p> <p>P O Box, Bldg , Room No , if any _____</p> <p>Street <u>14906 Spring Ave</u></p> <p>City <u>Santa Fe Springs</u></p> <p>State <u>California</u> ZIP Code + 4 <u>90670</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg , Room No , if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p>Labor & Management Administer the trust and set Apprenticship Standards & Training Policy.</p> <p>11 b Approximate dollar value of such dealing. _____</p> <p>12 a Nature of interest held or income received</p> <p>As a Trustee I attended Surfaces 2004 (A floor covering trade show) In Las Vegas NV Jan 27th thru Jan 31st 2004</p> <p>12 b Amount _____ \$1,076</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg , Room No , If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14 a Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <input type="text"/>

Matthew J. Weir

Reporting period ending December 31, 2004

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.